



DKW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

Application Number	10/775740
Filing Date	02/09/2004
First Named Inventor	Edward C. Adair
Art Unit	3611
Examiner Name	Anne Marie M. Boehler
Attorney Docket Number	A6

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Corrected Supplemental ADS
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robert O. Wright		
Signature			
Printed name	Robert O. Wright		
Date	02/21/2006	Reg. No.	17097

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Robert O. Wright	Date	02/21/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CORRECTED SUPPLEMENTAL APPLICATION DATA SHEET
(Applicant's Zip Code)

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R:: None
Title:: PIVOTABLE ANTI SWAY TRAILER HITCH

Attorney Docket Number:: A6
Request for Early Publication?:: No
Request for Non-Publication?:: YES
Suggested Drawing Figure:: 1
Total Drawing sheets:: 4
Formal Drawings ?:: Yes
Small Entity:: Yes
Petition included?:: No
Secrecy order in parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name: Edward C.
Family Name: Adair
City of Residence:: Fredericksburg
State :: VA
Country of Residence:: US
Street of Mailing address:: 6503 Holly Ridge Court
City of Mailing address:: Fredericksburg
State of Mailing address:: VA
Zip Code of Mailing address:: 22407

Initial & date

Row
2/21/06

Correspondence Information

Name:: Robert O. Wright
Address:: 42 Boston Lane
City:: Palm Coast
State:: FL
Zip code:: 32137
Telephone:: 386-446-9471
Fax:: 386-446-9471
e-mail:: wrig6449@bellsouth.net

Representative Information

Representative Designation:: Yes Registration Number:: 17097
Name:: Robert O. Wright
Customer Number: 32540

Domestic Priority Information

Application :: This Application

Continuity Type:: Provisional

Parent Application:: 60/449353

Parent Filing Date:: February 24, 2003

Initial & date

Row 2/21) 06